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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/554,802
	Filing Date	10-28-05
	First Named Inventor	Alexandros Papadopoulos
	Title	HYBRID PHOTOVOLTAIC ...
	Art Unit	
	Examiner Name	Unknown
	Attorney Docket Number	PROTP102US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

23623

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

23623

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ALEXANDROS PAPADOPOULOS		
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I am the:			
<input checked="" type="checkbox"/> Applicant/Inventor.			
OR			
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____			
SIGNATURE of Applicant or Assignee of Record			
Signature	ALEXANDROS PAPADOPOULOS		Date 12.03.2010
Name	Alexandros Papadopoulos		Telephone 1-80-210-8152283
Title and Company			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.			

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